

Application for Grant of Recognition / Permission to Institutions for conducting a New Course / Enhancement of of Intake under Section 14 /15 of the NCTE Act,1993

NOTE : DETAILS OF THE APPLICATION IF SUBMITTED ON-LINE

DATE OF SUBMISSION 20/09/2007 APPLICATION ID

1. Particulars of the authorized applicant

- 1.1 Name of the Applicant :- Sunil Supadu Mahajan
1.2 Father's / Husband's Name :- Supadu Nattu Mahajaan
1.3 Occupation :- Precedent
1.4 Official Position in the Governing :- Jai Durga Bhavani Krida
Body of the Society / Trust Mandal

2. Particulars of applicant Society / Trust

- 2.1 Name of the Society / Trust :- Jai Durga Bhavani Krida Mandal
2.2 Whether acopyof Registration:- Registration Certificate is Attached
certificate attached

- 2.3 Complete Postal Address of the Society / Trust
(Strike out / Leave blank any of the following
which is not applicable)

Village / Town Shirsholi

Post office Shirsoli (P.B.)

Door / plot Number 7 To 18

Street Number Jalgaon To Pachora Road

Tehsil / Taluka :- Jalgaon Town / City :- Jalgaon

District :- Jalgaon State :- Maharashtra

Pin Code :- 425126 STD Code :- 0257

Telephone No :-(0257) 6453777 Mobile No :- 09823818082

Fax No :- E-Mail ID :- President@jaidurgabed.org

Website Address :- www.jaidurgabed.org

a.	Nature of proposal (Please tick only one one choice	- First Time Recognition - Enhancement of Intake - -Additional Course
b.	Name of the Course applied for	B.Ed.
c.	Level of the Course applied for	Graudation Level
d.	Medium of Instruction	Marathi
e.	Whether Course Curriculum fulfills the duration stipulated by NCTE norms and standards	One Year
	Mode	Distance / Face to Face
	Intake proposed	100
	Affiliating Body / University	Name North Maharashtra Univer Address Post Box No-80 At & Post Bambhori Jal. Telephone No (0257) 2258428
i.	Normal month of commencement of the course	June 2008

4. Particulars of the applicant institution

4.1 Name of the Institution: **JAI DURGA BHAVANI KRIDA MANDAL**

(in capital letters)

4.2 Complete Postal Address (As mentioned in the Affidavit)

(Strike out/Leave blank any of the following which is not applicable)

Village / Town :- Shirsholi

Post office :- Shirsholi (P.B.)

Door / plot Number :- 7 To 18

Street Number Jalgaon To Pachora Road

Tehsil / Taluka :- Jalgaon

Town / City :- Jalgaon

District :- Jalgaon

State :- Maharashtra

Pin Code :- 425126

STD Code :- 0257

Telephone No :- (0257) 6453777 Mobile No :- 9823818082

Fax No

E-Mail ID :- President@jaidurgabed.org

Website Address :- www.jaidurgabed.org


PRESIDENT
Jai Durga Bhavani
Krida Mandal, Mehrun,
Jalgaon (M.S.)

4.3 Whether the institution is for (tick in the box)

Boys

Girls

Co - Ed

4.4 Whether the Institution is a Minority institution

Attach documentary proof issued by the Gvt.concerned)

~~Yes~~

~~No~~

4.5 Type of Management (Please tick only one out of the following)

(i) A Govt. institution

(ii) A Govt.aided institution

(iii) A university department

(iv) A deemed to be university Pvt / Govt.

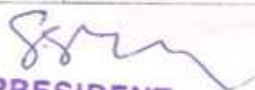
(v) **A Self – financing private institution**

(vi) Any other, please specify.

(Please attach supporting documents.In case of institutions financed by Central Govt./State Govt./UT Admn.to the extent of not less than 50% of their recurring cost, a certificate to this effect from the Government concerned.)

4.6 Details of the existing Teacher Education Programmes / courses run by the same institution.

Sl. No.	Name of the programme	Academic session from which commenced	Existing approved intake	Regional Committee		Name of Affiliating Body	
				Recognition Order Number	Date	Name	Date of Affiliation


PRESIDENT
Jai Durga Bhavani
Krida Mandal, Mehrun,
Jalgaon (M.C.)

4.7 Details of courses other than Teacher Education Programme if any, run by the same institution.

Sl. No.	Name of the Course / programme	Level of the course	Duration of the course	Year of Starting of the course	Affiliating Body	
					Name	Date of Affiliation

5. Fess and Funds


5.1 Details of cost of application form of Rs.1000/-
(not applicable in case of application submitted online)

Name of the Nationalized Bank	State Bank of India
Name of the Branch	Jalgaon
Address	Jalgaon (Maharashtra)
Draft Number	628564
Date	19/9/2007
Receipt Number, if purchased	

5.2 Details of Processing Fee of Rs.40,000/- only

Name of the Nationalized Bank	State Bank of India
Name of the Branch	Jalgaon
Address	Jalgaon (Maharashtra)
Draft Number	628563
Date	19/9/2007

(Please see Rule 9 of NCTE Rules, 1997 in terms of which Government Institutions are exempted from payment of processing fee)

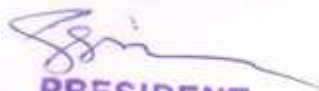

PRESIDENT
Jai Durga Bhavani
Krida Mandal, Mehrun,
Jalgaon (M.S.)

- 5.3 Details of the Endowment fund (self-financed institutions/programmes) ?
(Please see Clause 9 (1) of the NCTE (Recognition Norms and Procedure) Regulations, 2005 published on 13.1.2006)

Amount of Endowment Fund			
Fixed Deposit Receipt Number			
Duration of the FDR (Minimum five Years)			
Date of issue			
Name of the Nationalized Bank			
Full address			
Phone numbers.			
Has the FDR been enclosed in original	<table border="1"> <tr> <td>Y</td> <td>N</td> </tr> </table>	Y	N
Y	N		

- 5.4 Particulars of the reserve fund (to be filled in case of self - financed institutions/ Programmes) ?

Amount of Reserve Fund			
Fixed Deposit Receipt Number			
Duration of the FDR (Minimum five Years)			
Date of issue			
Name of the Nationalized Bank			
Full address			
Phone numbers.			
Copy of the Fixed Deposit Receipt has been enclosed	<table border="1"> <tr> <td>Y</td> <td>N</td> </tr> </table>	Y	N
Y	N		


PRESIDENT
 Jai Durga Bhavani
 Krida Mandal, Mehrun,
 Jalgaon (M.S.)

6. Details of Infrastructural Facilities available for proposed programme/course

6.1 Land


An affidavit on Rs.100/-stamp paper duly attested by Notary on the prescribed format as required under Clause 8 (6) of the NCTE Regulations, 2005

Yes	No
-----	----

6.2 Building

(Please refer to Clause 8 of NCTE (Recognition Norms and Procedure) Regulations,2005

Description	To be filled in by Institution																
i) Date of approval of the Building plan by the competent authority / state Govt.	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>3</td><td>0</td><td>0</td><td>3</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	3	0	0	3	2	0	0	7
D	D	M	M	Y	Y	Y	Y										
3	0	0	3	2	0	0	7										
ii) Date of completion of construction of the building, if already completed	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>3</td><td>0</td><td>6</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	1	3	0	6	2	0	0	7
D	D	M	M	Y	Y	Y	Y										
1	3	0	6	2	0	0	7										
iii) If construction of the building is not complete, the likely date of completion of construction	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	-	-	-	-	-	-	-	-
D	D	M	M	Y	Y	Y	Y										
-	-	-	-	-	-	-	-										
iv) Name and address of the competent authority	Grampanchat Shirsoli (P.B.) Tal & Dist Jalgaon																
v) Whether completion certificate obtained from the competent authority	Y/ N																
vi) Whether Bldg.disabled - friendly as per relevant laws.	Y /N																
Vii) Whether fire safety norms are being followed.	Y/ N																
viii) Total Built up Area (in sq. meter) (in sq.ft.)	<table border="1"> <tr> <td>1670.56</td><td>Sq.Mtr</td><td></td><td></td><td></td> </tr> <tr> <td>17975.22</td><td>Sq. ft.</td><td></td><td></td><td></td> </tr> </table>	1670.56	Sq.Mtr				17975.22	Sq. ft.									
1670.56	Sq.Mtr																
17975.22	Sq. ft.																


PRESIDENT
Jai Durga Bhavani
Krida Mandal, Mehrun,
Jalgaon (M.S.)